TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on separate docushare document

CLAIMANTS NAME								EMPLOTEE NOW	IDER		Labor & Workforce Dev Agency				
		Bradshaw					Labor								
POSITIO	N			BARGAINING	UNIT			OR BUREAU			EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE				
							Office	of the Sec	retai	γ					
RESIDE	NCE ADDR	RESS*					HEADQUA	ARTERS ADDRES		TELEPHONE NUMBER					
								Street, Su		916-327-9064					
CITY				STATE		ZIP CODE	CITY					STATE		ZIP CODE	
CA								mento				CA	8	95814	
(1) MONTH/YEAR (3) (4)				(5) MEALS			(6)	(7)		TRAN	ISPORTATION		(8)	(9)	
01/10 LO		LOCATION	27					(A)	(B)	(C)	(D)				
(2)		WHERE EXPENSES				O.T.,L/T, RELO	INCIDEN-		TYPE	CARFARE, TOLLS,		TE CAR USE	BUSINESS	TOTAL EXPENSES	
Date	Time	WERE INCURRED	LODGING	BREAKFAST	LUNCH	or DINNER	TALS	COST OF TRANS	USED	PARKING	Miles	Amount	EXPENSE	FOR DAY	
	0430	Sac-Los Angeles-Sac		6.00				158.70	CC	9.00	11	\$5.510		179.210	
11	1310 0545	Sač-Mountain View-	 			 			_A_					-	
12	1700	Sac		6.00					PC		237	\$118.350	(6)	124.350	
0.7	0700	0 Bi-l							PC	4.00	150	\$75.070		79.070	
27	1500 0945	Sac-Richmond-Sac					- 1		3 45						
28	1700	Sac-SanJose-Sac							PC	4.00	244	\$122.000		126.000	
													4		
												150			
						- A									
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		Λ										4		63	
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		35	8 9												
					8				10049						
	-										0.3				
													ſ.		
(40)						-	-						<u> </u>		
^(1O) SUBTOTALS			12.00				158.70		17.00	642	\$320.930		\$508.63		
COLUI	MN CO	DE (ACCTG: USE ONLY)													
	CLAIN	1 TOTAL	= 5	. 1	4 1					¥			1 2	\$508.63	
(11) PUR				(44.6)	-	C					(40) NO	DAMAL MODIC	HOURS	4000.00	
State of State on the State of		TAILS (Attach receipts/vouchers whe	(11A) Sumi			Project For Fiscal			Fiscal	(12) NORMAL WORK HOURS					
1/11 Ace Clearwater in Torrance w/Governor				Cost Center	Exp. Code	Debit Amount	Code Activity Code Use Only				IVATE VEHICI	E VEHICLE LICENSE			
		A Jobs Initiative	300611101								(10)111		-L LIOLITOL		
		Biofuels in Mountain Vie	ew ·								(14) MIL	EAGE RATE	CLAIMED		
1.0		o highlight CA Jobs Init					100				\$0.500				
		ver Systems in Richmor									AGENCY AC	COUNTING OF	FICE		
w/Gov	ernor t	o highlight CA Jobs Init			F9					USE ONLY					
with them		se Silicon Vly Chamber		T	Document f	Reference	Prep	ared By	PAID BY REVOLVING FUND CHECK NUMBER						
		o highlight CA Jobs Init ERTIFY That the above is a true stat		ual avecess is	Total	o in appardance	a with DDA	ulas in the sequin	of the	State of					
Ca gr	ilifornia. If eater than	a privately owned vehicle was used, the rate claimed, and that I have met	and if mileage	rates exceed th	e minimum n	ate, I certify tha	t the cost of	operating the veh	icle was	equal to or					
		aat belt usage.		DATE			(16) SIGNAT	TIBE OF OFFICED	nnoki	ING TRAVEL A	ND PAYMEN	ıT		DATE	
CLAIMANTIS SIGNATURE				2.3.	0					2-8					
	JATUDE A	ND TITLE OF AUTHORITY FOR SP	H(IA) EVUEN			۹)			,	<u></u>				DATE	
(17) 3131	MIUNE	THE OF AUTHORITY FOR SP	LUIAL EXPENS	200 (366 Hell)	On revers	- ,			1					Dail	

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a						docume							of _1	Pages	
CLAIMANT'S NAME Victoria L. Bradshaw							The second to the second secon					DEPARTMENT			
POSITIO		aradsnaw	Taxaa							Labor & Workforce Dev Agency					
POSITIO	NN			BARGAINING UNIT			044 9990	OR BUREAU	1		EMPLOYEE MIC or 4-DIGIT MAIL SERV			L SERVICES CODE	
RESIDE	NCE ADDI	RESS*						of the Sec		гу		***			
I COIDE	TOE ADD	1230					Form 1			101			TELEPHONE NUMBER		
CITY				STATE		710.0000		Street, Su	lite 2	101			916-327-9064		
0.11				CA		ZIP CODE	Sacramento					STATE CA		ZIP CODE 95814	
(1) MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7) (A)	TRA		NSPORTATION		(8)	(9)	
01/10		LOCATION							(B)	(C)	(D)			(6)	
(2) Date	Time	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO. or DINNER	INCIDEN- TALS		TYPE	CARFARE, TOLLS, PARKING	PRIVA	ATE CAR USE Amount	BUSINESS	TOTAL EXPENSES	
	0945					of DINNER		COST OF TRANS	USED				EXPENSE	FOR DAY	
28	1700	Sac-SanJose-Sac							PC	14.00				14.000	
										- W					
												,			
									10.00						
			· · · · · · · · · · · · · · · · · · ·				1								
									110						
	22														
														,	
(10)	SUBTO	DTALS								14.00				\$14.00	
COLUN	IN COE	DE (ACCTG: USE ONLY)							14.00				\$14.00		
		TOTAL			-									01100	
11\ PLIRE	OSE OF T			(11A)						· ·				\$14.00	
		FAILS (Attach receipts/vouchers when re	Description/	Eun Code	Summ Debit Amount	Project	For Fiscal		(12) NORMAL WORK HOURS						
1/28 S	an Jos	e Silicon Vly Chamber me	Cost Center	Exp. Code	Debit Amount	Code	Activity Code	Use	Only	(13) PRI					
w/Gove	ernor to	highlight CA Jobs Initiat	ive								(1-7)	THE VEHICL	- LIOLITOL		
	menta	l January, 2010 TEC, par	king left								(14) MIL	EAGE KATE	CLAIMED		
off												\$0.500	001014110		
			80										COUNTING OF	FICE	
						Document Reference Prepared By			red By	PAID BY REVOLVING FUND CHECK NUMBER					
(15)	DEDV OF	DTIEV That I			Total		-								
Cali	tornia. It a	RTIFY That the above is a true stateme a privately owned vehicle was used, and	d if mileage ra	tes exceed the	minimum rat	te. I certify that t	he cost of o	perating the vehic	eswas	equal to or					
grea	ater than th	ne rate claimed, and that I have met the at belt usage.	requirement	as prescribed t	by SAM Sect	ions 0750, 0751	, 0752, 075	3, and 0754 perta	iining to	vehicle					
CLAIM	,		1			16) - PROVING TRAVEL A				ID PAYMENT			DATE		
>				3.9.10			> ,					3 19.10			
17) SIGN	ATURE AN	ID TITLE OF AUTHORITY FOR SPECIA	AL EXPENSE)	 >	2						DATE	
>															